

Becoming a Callaway County COAD Disaster Partner

Please check all that apply to you.

Individual

- ☐ am very interested in becoming involved as a volunteer in disaster services.
- ☐ have completed the preliminary registration found on the inside of this brochure.
- ☐ work full time and can leave my place of employment to serve as a volunteer.
- ☐ would only be available during my nonworking hours.
- ☐ willing to attend an orientation for the purpose of learning about volunteer/training opportunities and completing my registration and assignment.

Business/Church/Organization

- ☐ would like a representative to schedule a meeting with us to discuss how we can become a working partner.
- ☐ are interested in becoming involved as a working partner in disaster services.
- ☐ have completed the preliminary registration found on the inside of this brochure.
- ☐ are willing to attend an orientation for the purpose of learning about

COAD Partners

(Community Organizations Active in Disaster)

Callaway County Commission

Callaway County
Emergency Management

Callaway County Faith Community

Callaway County Health Department

Callaway County Unit of the
American Red Cross

Callaway County United Way

Callaway Emergency
Communications, Inc.

Callaway Community Hospital

Family Support Division of Social Services

Fulton State Hospital

Missouri School for the Deaf

SERVE, Inc. RSVP

United Way 2-1-1

Westminster College

CERT

Callaway County MRC

Neighbors Helping Neighbors

Callaway County COAD

(Community Organizations Active In Disaster)

Disaster Volunteer Opportunities



**Callaway County
Emergency
Management**



**Callaway County
Health Department**

Public Health
Prevent. Promote. Protect.



**Heart of Missouri
Chapter of the
American Red Cross**

Contact Information

Callaway County COAD Facilitator

Attention Pam Phelps

4950 County Road 304

Fulton, MO 65251

Phone: (573) 642-6881 ext 243 Fax: (573) 642-2098

E-mail: phelpsp@lpha.mopublic.org

**Complete if you represent a
Business/Church/Organization**

Name _____

Information on Contact Person:

Name _____

Address _____

City/Zip _____

Daytime Phone _____

Cell _____

Email: _____

We would like information on (Circle)

MRC (*Medical Reserve Corp*)

COAD (*Community Organizations Active
in Disaster*)

CERT (*Community Emergency Response Team*)

*Please rank 1-3 (1being your favorite)
the areas that you are willing to be
trained in and will support
during a disaster.*

___ Bulk Distribution

___ Case Management

___ Counseling

___ Debris Removal

___ Emergency Communications

___ Mass Care Feeding

___ Mass Prophylaxis POD

___ Sheltering

___ Transportation

**Complete if you are registering as a
disaster volunteer as an individual.**

Name _____

Address _____

City _____ Zip _____

Daytime Phone _____

Cell _____

Email: _____

Please check all that apply

- ☐ I am willing to become a disaster volunteer and have ranked 1-3 my areas of interest listed under business/church organization 1 being my first choice.
- ☐ I would like information on
 - ☐ American Red Cross Disaster Trainings
 - ☐ MRC
 - ☐ Suicide Prevention/Intervention
 - ☐ Weather Spotter Training
 - ☐ CERT Training
- ☐ I am willing to be trained to make presentations on general preparedness to all ages of Callaway County residents.

Current Skills/Certifications/Licenses

Please list below current credentials below

Available Resources

Please check all that apply to you or write in the number of individuals from your organization that are willing to volunteer their services or resources during a disaster.

Heavy Equipment Operator _____

Own Yes or NO: Bulldozer _____

Backhoe _____

Dump truck _____

Wrecker _____

List other equipment:

Chain saw Operator _____

own Yes or No _____ How many _____

Generator(s) how many _____ Size _____

Small Trucks _____ Size _____

Large Trucks _____ Size _____

Trailers _____ Size _____

Type _____

Tractors _____ Size _____

Type _____

Portable Heater

Type _____

4-Wheeler _____ how many _____

Snow plow _____ how many _____

Snow blower _____ how many _____

Snowmobile _____ how many _____

Water Craft _____ Type _____

Water Pump _____

Tent _____ Size _____

Storage Area Size _____

Our Family Information

Last Name of Family _____

Phone number _____

Emergency/Cell _____

Street address (no PO Box #)/City: _____

Full name and year of birth for each person in household:

Do you have a household pet?

Kind _____ How many _____

Kind _____ How many _____

Transportation

Do you have transportation available in an emergency?

Yes _____ No _____ Maybe _____

If no, what type is needed?

Standard vehicle _____

Wheelchair access _____ Ambulance _____

Work Information:

Place of Employment (for _____)

City _____ Phone # _____

Name of co-worker/supervisor _____

Place of Employment (for _____)

City _____ Phone # _____

Name of co-worker/supervisor _____

Do you only speak a foreign language?

No _____ Yes _____ Language _____

Primary Family Care Physician:

Name - _____

Phone # - _____

City - _____

Are you or someone in your household (check all that apply):

____ Legally Blind ____ Deaf ____ Mute

____ Aphasic ____ Homebound

List special medical needs (i.e. homeless, severe cardiac, diabetic on insulin) _____

Do you or someone in your household have special dietary needs?

Type _____

Do you or someone in your household use:

____ wheelchair ____ walker/cane

Do you rely on electricity for home medical treatments? ____ Yes ____ No

Have you registered with the Callaway County Emergency Management Agency for help in an evacuation? ____ Yes ____ No

Out-of-Area Emergency Contact:

Name: _____

Relationship: _____

City/State: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Your information is confidential. Only your Church has it.

*Callaway County Faith Based Community
Neighbors Helping Neighbors*

Callaway County COAD

(Community Organizations Active In Disaster)

**Faith Based Volunteers
Prepared to Assist
In a Time of Need**



**Callaway County
Emergency Management**



**Callaway County
Health Department**

Public Health
Prevent. Promote. Protect.



**Heart of Missouri Chapter
American Red Cross
Callaway County Unit**



Contact Information

Callaway County Medical Reserve Corps

Pam Phelps, Director

4950 County Road 304, Fulton, MO 65251

Phone: (573) 642-6881 ext. 243

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Business/Church/Organization**

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Type _____

Tractors _____ Size _____

Type _____

Portable Heater

Type _____

4-Wheeler _____ how many _____

Snow plow _____ how many _____

Snow blower _____ how many _____

Snowmobile _____ how many _____

Water Craft _____ Type _____

Water Pump _____

Tent _____ Size _____

Storage Area Size _____

Suicide Prevention Lifeline
1800-273-TALK(8255)
Suicidepreventionlifeline.org

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**If you or someone you know is
thinking about suicide, please call
NOW. Help is available.**

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Suicidepreventionlifeline.org

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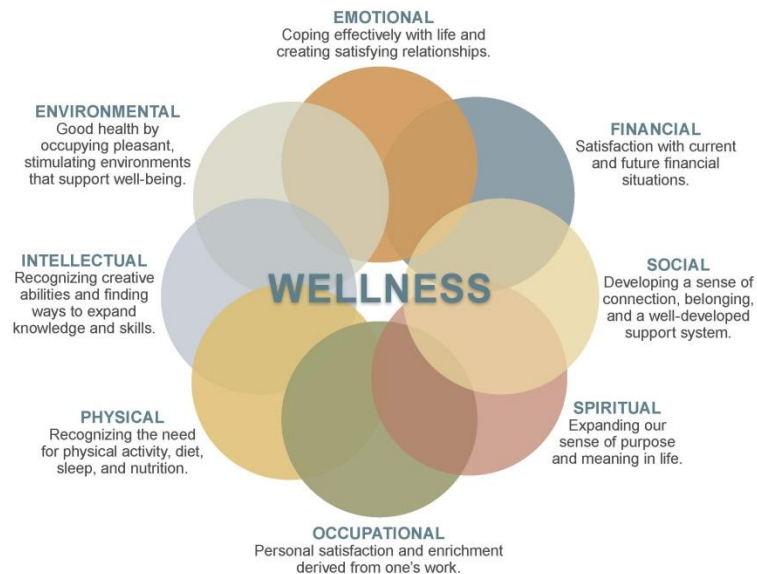
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SAMHSA'S WELLNESS INITIATIVE

Eight Dimensions of Wellness



Communication among mental health consumers, professionals, and primary care providers about health information is essential to overall wellness.

Through its Wellness Initiative, SAMHSA pledges to promote wellness for people with mental and substance use disorders by motivating individuals, organizations, and communities to take action and work toward improved quality of life, cardiovascular health, and decreased early mortality rates.

To learn more and sign the Pledge for Wellness, visit <http://www.samhsa.gov/wellness>.

For information, contact: SAMHSA's Wellness Initiative
1 Choke Cherry Road
Rockville, MD 20857
E-mail: wellness@samhsa.hhs.gov

*Source: Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29(4), 3311-3314.



**Missouri Consumer
Operated Warm Lines**



Department of Mental Health
1706 E. Elm St., P.O. Box 687
Jefferson City, MO 65102
Telephone: 573-751-8017
Fax: 573-751-7815
www.dmh.mo.gov

Compassionate Ear
739 Minnesota Avenue
Kansas City, KS 66112
Local Phone: (913) 281-2251
Toll Free 1-866-WARMEAR (927-6327)
Lois Hohn, Coordinator
E-mail: lhohn@mhah.org

4:00 pm – 10:00 pm 365 days
(Including Holidays)
<https://www.facebook.com/pages/Recovery-and-Empowerment-CenterCompassionate-Ear/178510392336820?ref=hl>

The Hope Center
NAMI Southwest Missouri
1701 S. Campbell
Springfield, MO 65807
Local Phone: (417) 864-3676
Toll Free: 1-877-535-4357
Patricia Click, Acting Director
E-mail: patricia@namiswmo.com
Janet McElvoy, Assistant Director
E-mail: jmcelvoy@namiswmo.com

Mon - Fri 9:30 am – 10:00 pm
Sat & Sun 10:00 am – 10:00 pm
(Including Holidays)

TLC Warm Line
Community Counseling Center
402 Silver Springs Road
Cape Girardeau, MO 63703
Office: (573) 339-6105 or
(573) 334-1100 ext. 6105
Local: (573) 651-3642
Toll Free: 1-877-626-0638
Debra Jones, Program Director
E-mail: djones@cccntr.com

4:00 pm – 10:00 pm 365 days

NAMI Missouri
3405 West Truman Blvd., Ste. 102
Jefferson City, MO 65109
Phone: (573) 634-7727
Fax: (573) 761-5636
Toll Free: 1-800-374-2138
Cindi Keele, Executive Director
E-mail: namimocjk@yahoo.com
Alice Kliethermes, Director of Consumer Services
E-mail: namimoconsumers@yahoo.com
Seth Orear, Asst. to Dir. of Consumer Services
E-mail: namimoso@yahoo.com

Mon – Fri 9:00 am – 5:00 pm
Weekends & Holidays 3:00 pm – 9:00 pm

The Friendship Line
1908 Olive St.
St. Louis, MO 63103
Local Phone: (314) 652-6100
Fax: (314) 652-6103
Toll Free: 1-866-525-1442
E-mail: www.dbsaempowerment.org
Helen Minth, Executive Director
E-mail: hminth@sbcglobal.net
Sarah Earll, Assistant Director
E-mail: ssearll@sbcglobal.net

Mon – Fri 9:00 am – 3:00 pm
Sat & Sun 7:00 am – 3:00 pm
(Including Holidays)

**Missouri Consumer
Operated Drop-In
Centers**



Department of Mental Health
1706 E. Elm St., P.O. Box 687
Jefferson City, MO 65102
Telephone: 573-751-8017
Fax: 573-751-7815
www.dmh.mo.gov

Recovery Empowerment Center

629 Benton Blvd.
Kansas City, MO 64124
Phone: (816) 231-2753
Sue Lewis
E-mail: slewis@mhah.org
Zach Johnston, Manager
E-mail: zjohnston@mhah.org

Mon-Fri 10:00am-4:00pm
Sat 10:00am-2:00pm
<https://www.facebook.com/pages/Recovery-and-Empowerment-CenterCompassionate-Ear/178510392336820?ref=hl>

The Hope Center

1701 S. Campbell
Springfield, MO 65807
Admin Office: (417)864-7119
Phone: (417)864-3027
Toll Free: (877)535-4357
Fax: (417)864-5011
Patricia Click, Acting Director
E-mail: patricia@namiswmo.com
Janet Mcelvoy, Assistant Director
E-mail: jmcelvoy@namiswmo.com

Mon-Fri 9:30am-5:00pm
Sat 9:30am-3:00pm
(Closed Sunday)

Prime Time

Truman Behavioral Health
2211 Charlotte
Kansas City, MO 64108
Phone: (816)404-6384
Fax: (816)404-6388
Mirna Herrera, Program Director
E-mail: mirna.herrera@tmcmed.org

Mon-Fri 2:30pm-7:30pm
Sat 9:00am-2:00pm

Self-Help Center

8301 Crest Industrial Drive
St. Louis, MO 63123
Phone: (314)200-HELP(4357)
Fax: (314)781-0910
Nancy Bollinger, Executive Director
E-mail: nancy.bollinger@selfhelpcenter.org






Mon & Thurs. 9:00am-4:00p m
Tues & Wed. 8:00am-5:00pm
(closed Fri., Sat. & Sun.)

St. Louis Empowerment Center

1908 Olive St.
St. Louis, MO 63103
Phone: (314)652-6100
Fax: (314)652-6103
E-mail: www.dbsaempowerment.org
Helen Minth, Executive Director
E-mail: hminth@sbcglobal.net
Sarah Earll, Assistant Director
E-mail: ssearll@sbcglobal.net

Mon-Fri 9:00am-3:00pm
Sat 9:00am-3:00pm
Sun 9:00am-11:00pm

Resource list from LOOKUP! WAKEUP! STEPUP! Workshop on Youth Mental Wellness 4-30-2014	
Article: No One Brings Dinner When Your Daughter is an Addict	http://www.slate.com/articles/life/family/2013/11/families_dealing_with_mental_illness_need_support_too.html
Article: Seven Things a Child with Depression Should Know	http://www.psychologytoday.com/blog/two-takes-depression/201402/7-things-child-depression-should-know
Audio file: What to Expect of Therapy, Laurel Harlan, LCSW, Human Dynamics	http://www.nami.org/MSTemplate.cfm?Section=Resources200&Site=NAMIofColumbia&Template=/ContentManagement/ContentDisplay.cfm&ContentID=164687
Blogpost: No Casseroles for Schizophrenia	http://nocasserolesforschiz-author.blogspot.com/2010/02/where-truth-support-and-hope-began.html#links
Bring Change 2 Mind	http://www.bringchange2mind.org/
Columbia Interfaith Council	Mtgs last Wed. of the month; Senior Center, 1121 Business Loop 70 East #1, Columbia MO; President Dave Thomas 314-749-6212 9thomasdc@gmail.com
Community Anti-Drug Coalitions of America	http://www.cadca.org/
Compass Prevention	http://compasshealthhome.org/compass-prevention
Depression and Bipolar Support Alliance	www.dbsalliance.org
Do You Think or Know your Child is using Drugs or Alcohol?	http://www.drugfree.org/intervene
Family Counseling Center of Missouri	http://www.compasshealthhome.org/family-counseling-center
Mental Health First Aid in Missouri	http://mhfamissouri.org/
Mid-America Center for Ministry	http://midamericacenterforministry.wordpress.com/
Missouri Department of Mental Health	http://dmh.mo.gov/
NAMI--National Alliance on Mental Illness	www.nami.org
MU Center for Religion in the Professions	http://www.religionandprofessions.org/
NAMI Columbia, MO	www.nami.org/sites/namiofcolumbia
NAMI Education and Support Center	http://www.nami.org/template.cfm?section=Education_Training_and_Peer_Support_Center
NAMI Faith Net	http://www.nami.org/MSTemplate.cfm?Section=FaithNet_NAMI1&Site=FaithNet_NAMI&Template=/MSTemplate.cfm?Section=FaithNet_NAMI1&Site=FaithNet_NAMI&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=66&ContentID=33925&micrositeID=176
NAMI Missouri	www.nami.org/sites/mo
National Council on Behavioral Health	http://www.thenationalcouncil.org/
National Institute on Alcohol Abuse and Alcoholism	http://www.niaaa.nih.gov/
Partnership at Drug-free. Org	www.drugfree.org
Phoenix Health Programs, Inc. (Formerly Phoenix Programs, Inc)	www.phoenixprogramsinc.org
Phoenix Health Programs--online resources for parents, youth and young adults	http://www.phoenixprogramsinc.org/wp-content/uploads/Helpful_Online_Resources_for_Youth_Young_Adults_Parents_2-2012-1.pdf
Search Institute	http://www.search-institute.org/
Substance Abuse and Mental Health Services Administration--SAMHSA	www.samhsa.gov
TREE--Teen Relationship Education and Empowerment	http://www.teenrelationshipeducation.org/
YC2-Youth Community Coalition	www.yc2.org

 <p>NAMI Missouri National Alliance on Mental Illness</p> <p>Responders offer words of encouragement & compassion to persons living with mental illness in 21 counties plus the Joplin area. 9-5 Monday - Friday, 3-9 p.m. weekends & holidays! The call is FREE!</p> <p>National Alliance On Mental Illness Missouri WARMLine 1-800-374-2138</p>	<p>A WARMLine is a peer phone support service operated for consumers by consumers. Who else could understand better? We support you in the steps you take toward your recovery by offering a safe connection, encouragement, compassion, understanding, access to community resources, skills development, daily living supports, hope for troublesome symptoms, education & insight. We also offer other programs for consumers.</p>
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NAMI Missouri's WARMLine SUPPORTS RECOVERY!

When you have a mental illness, dealing with symptoms, expensive medicines, long waits for doctors appointments and misunderstandings about your illness can be terribly isolating. Even people with the very best of intentions sometimes don't understand the long road to recovery.



WE DO, because we have been where you are.

NAMI Missouri's

(National Alliance on Mental Illness)

FREE WARMLine service

is operated *by* mental health consumers
for mental health consumers.

You don't have to explain. We know.
The WARMLine offers words of encouragement
and compassion to mental health consumers
in 21 counties in central Missouri and
the Joplin area.

We are waiting for your call!

9 a.m.-5 p.m. weekdays,

3-9 p.m. weekends and holidays

7 days a week.



Missouri

1-800-374-2138

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